

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Stuart D. Trachy

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JUL 2 4 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

					DET ARTITUE OF
II. Name of lobbyist's parti	nership, firm	or corporation, if a	ny:		
(Name of p	artnership, fir	m or corporation)			
Two Eagle Square, Suite 300		Concord NH		03301	
Business Address: (Street)		(Town/City)	 	(State)	(Zip Code)
603) 520-0822	(603)_		email	strachy@aol.co	m
(Telephone)		(Fax)			
III. This statement covers: reportable expense transac					file a separate report for
All reportable transaction	ns occurring	in the months prior to	the reporting	g date relative to the	following client:
NH State Chiropractic S	Society				
~ ·	(Full Name	of Client as it appears	s on the Lobb	yist Registration Fo	rm)
OR All reportable transaction Inrelated to any particular c		byist (including the lo	obbyist's fam	ily), or the lobbying	firm listed below which are
	oril 25, 2018			y 25, 2018 🔀	
Reports cover: activity from	n date of regi. tober 31, 2018	stration to 3/31/18		o m 4/1/18 to 6/30/1 6 uary 30, 2019 🔲	8
	rom 7/1/18 to			rom 10/1/18 to 12/3	1/18
V. There have been no fees If this box is checked, comple Concord, NH 03301.	received and ete just this fo	no reportable trans rm and submit it to th	sactions mad he Secretary (le since the last rep of State's Office, Sta	ort. te House, Room 204.
If you have paid are Expense Reimbursement	ed fees or mad n honorarium	le expenditures, you i or reimbursed expens	ses, you must	file Addendum B-	d Expenses Report of Honorariums or ndum C- Political Contributio
Sworn Statement/Affirmat have read RSA 15, RSA 15 he best of my knowledge an (Signature of lobbyist)	B and RSA	664 and hereby swear		at the foregoing info	rmation is true and complete t
Stuart D (Print Name of lobbyist)	·Ira	chy			



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) <u>Stuart D. Trachy</u>	
II. Name of tobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
III. Name of Client NH State Chiropractic Society	Date <u>July 17, 2018</u>
IV. Fees Received Indicate the gross amount of all fees received from the client identified above the including fees for services such as public advocacy, government relations, monitoring legislation, and related legal work. The gross fee amount reported sh	or public relations services including resear
a) Total of all fees received in this reporting period	a) \$ 3750.
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year	b) \$ 7500 ar)
Total of all fees received to date (Add lines a and b)	c) \$ <u>11250</u>
d) Indicate the amount of any such fees that are due, but have not yet been paint.	d d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if expenditurelated to any one client a separate report may be filed for the lobbyist(s)/ficategories of expenses: (a) the aggregate total of all expenses paid during the regard office expenses; (b) the aggregate total of all individual expenses where the meals purchased during a business lunch where the cost was \$25.00 or less, pure given to the person being lobbied, purchase of a ceremonial object given to a less); and (c) an itemized statement of each individual expenditure made during any purpose not covered by (a) (for example: purchase of a meal with value of given to the subject of lobbying with a value greater than \$25, but not great reception). Expenses for honorariums, expense reimbursement, or political contant should not be reported on Addendum A.	nditures are made by the lobbyist(s)/firm that irm. Expenses are to be reported in one of the porting period for salaries, benefits, support state expenditure was of \$25.00 or less (for examples of a pen with a value of less than \$10 that person being lobbied with a value of \$25.00 g this reporting period of greater than \$25.00 greater than \$25, purchase of a ceremonial objuster than \$50, restaurant expenses for a legislat
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>3697.</u>
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d)	Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>3697.</u>		
c)	Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 7377,75		
f)	Total of all expenses year to date	F) \$ 11074.75		
Pro	Other Expenses: vide the following detail for all expenditures of more than \$25 made from lobbuding by whom paid or to whom charged.	bying fees during this reporting period,		
Pai	i :	Amount:		
		s		
	·	\$		
		\$		
		S		
		\$		
		s		
Swe	orn Statement/Affirmation by Lobbyist			
I ha	ve read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the uc and complete to the best of my knowledge and belief.	foregoing information		
-		7, 2018		
(Sig	nature of lobbyist)	(Date)		
	art D. Trachy nt Name of lobbyist)			